

Instructions

What is the purpose of this form?

With the goal of promoting objectivity in research, revised Public Health Service (PHS) conflict of interest regulations (42 CFR Part 50 and 45 CFR Part 94) went into effect in August 2012. These regulations require all investigators of PHS-funded research to complete conflict of interest training and disclose significant financial interests to their institution.

What happens after the form is completed?

Submit your Financial Conflict of Interest Disclosure/Certification Form with any questions to the Office of Research and Creative Activity (unosponpro@unomaha.edu). The form will be reviewed and you will be notified via email regarding the review or if additional information is necessary. You will also be notified via email if it becomes necessary to forward the matter to the University Committee on Conflict of Interest (UCCOI).

Definitions

Equity or ownership includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.

Financial interest means anything of monetary value, whether or not the value is readily ascertainable.

Immediate family means an individual who is your spouse, child, parent, brother, sister, grandchild, or grandparent, by blood, marriage or adoption.

Investigator means the 'project director or principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research funded by the PHS, or proposed for such funding, which may include, for example, collaborators or consultants.'

Remuneration is defined as payment of money or goods in return for services rendered or in recompense for loss.

THIS SUBMITTAL is for: (check one)

- Initial Disclosure (required no later than the time of application for PHS-funded research and including the previous twelve month period, see the Public Health Service [FCOI regulations](#))
- Follow-up Disclosure (required at time of award)
- Updated Disclosure (required within 30 days of discovering or acquiring a new significant financial interest)
- Annual Disclosure

Reason for Disclosure: (Check all that apply)

- New Proposal
- Grant/Contract Continuation
- New Investigator
- New Award
- Grant/Contract Extension
- New Significant Financial Interest

Investigator Information:

First Name: _____ Last Name: _____

School/Department: _____ Email Address: _____

Role in Project: _____

If Non-UNO Investigator, University/Entity Name: _____

Sponsor/Federal Agency: _____

Project Information:

Proposal Title: _____

Project Start Date: _____ Project End Date: _____

MavGrants number: _____ Sponsor Award number: _____

Sponsor's solicitation number: _____

Institutional Review Board Protocol number, if applicable: _____

PHS Conflict of Interest Training

Investigators receiving PHS funding must complete training on PHS Conflict of interest regulations once every four years. Training must be completed and documented before any funds can be released. You may complete the training at <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>

You should complete, print, and save an electronic copy of your training certificate for your records and submit your training certificate with this disclosure form if you have not provided it previously.

Financial Interests

Do you or an immediate family member have a financial interest (such as equity or ownership) in an outside entity that appears to be related to your institutional responsibilities?

- Yes*
 No

*If yes, furnish information on an additional page that includes name of entity, principal business, publicly traded or privately held, relationship to entity and value of any equity interest.

Remuneration from Outside Entities

In the past 12 months have you or an immediate family member received remuneration or payment from an outside entity that appears to be related to your institutional responsibilities?

- Yes*
 No

*If yes, furnish information on an additional page that includes name of entity, principal business, publicly traded or privately held, type of remuneration and amount.

PHS Travel Disclosure

Have you undertaken any reimbursed or sponsored travel related to your institutional responsibilities that was funded by a source other than a federal, state, or local government agency, UNO or another US institution of higher education, or an external grant administered by ORCA?

- Yes*
 No

*If yes, please complete page 4 of this document.

Travel Disclosure Form

Travel disclosures must be made no later than 30 days after the travel occurs (see [NOT-OD-13-004](#)). If you currently know of any sponsored or reimbursed travel in the upcoming 12 months, we encourage you to include it with your annual disclosure here.

The travel disclosure requirements do not apply to:

- Travel funded by:
 - A federal, state, or local government agency
 - US institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with a US institution of higher learning
- Travel that is included in a grant/project proposal that is administered by UNO's Office of Sponsored Programs and Research

Sponsored or reimbursed travel that does not meet these exceptions must be disclosed to UNO in order to assess whether such travel constitutes a conflict of interest with PHS-funded research. This includes travel to visit an outside entity, to provide consulting services, to attend professional/societal meetings, travel sponsored by a foreign entity (that is not included in a grant proposal), etc.

Disclosure 1

Trip sponsored or organized by: _____

Purpose of the trip (i.e. consulting, attend a professional meeting, etc.):

Destination: _____ Duration of trip: _____

Additional information: _____

Disclosure 2

Trip sponsored or organized by: _____

Purpose of the trip (i.e. consulting, attend a professional meeting, etc.):

Destination: _____ Duration of trip: _____

Additional information: _____

Federal (PHS) Financial Conflict of Interest
Disclosure/Certification Form



OFFICE OF RESEARCH AND CREATIVE ACTIVITY

Certification by Individual Filing the Disclosure

I hereby certify that

- this is a true and complete disclosure of all significant financial interests related to the Investigator's Institutional Responsibilities
- I acknowledge responsibility to provide a complete disclosure of all Significant Financial Interests reasonably related to the Investigator's Responsibilities at the proposal stage, at the award stage, as those interests change, and on an annual basis during the project award period
- I have completed training on the PHS financial conflict of interest regulations and the Investigator's responsibilities regarding disclosure of SFI
- I understand and agree to comply with the UNO Academic and Research Financial Conflict of Interest Policy and the Public Health Service conflict of interest regulations (42 CFR Part 50: *Promoting Objectivity in Research* and 45 CFR Part 94: *Responsible Prospective Contractors*)

Investigator

Date

Printed Name

Approved:

Scott D. Snyder, Ph.D.

Associate Vice Chancellor for Research and Creative Activity

Date